

MULTIPLE DEFENDANT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/532057

FILING DATE

APPLICANT(S)

CLAIMS

	CLAIMS							CLAIMS						
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51							
2			1				52							
3					1		53							
4					1		54							
5							55							
6					1		56							
7							57							
8					1		58							
9							59							
10					1		60							
11							61							
12					1		62							
13							63							
14					1		64							
15							65							
16					1		66							
17							67							
18					1		68							
19							69							
20			1				70							
21					1		71							
22							72							
23					1		73							
24							74							
25					1		75							
26							76							
27					1		77							
28							78							
29					1		79							
30							80							
31					1		81							
32							82							
33					1		83							
34							84							
35					1		85							
36							86							
37					1		87							
38							88							
39					1		89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.			4											
TOTAL DEP.		4												
TOTAL CLAIMS			36											